TEXAS A&M
FOREST SERVICE

USER INFORMATION

User ID (*Assigned by TFS Security Officer*):

UIN:

Name (last, first, middle):

Preferred Name:

TFS E-mail:

Department/Subdepartment Name:

FAMIS ACCESS

Module	Same Access As (Individual's Name)	Profile (Assigned by Security Officer)
FRS – Financial Accounting		
FFX – Fixed Asset Inventory		
SPR – Sponsored Projects		
AFR- Annual Financial Report		

ADDITIONAL NOTES

USER STATEMENT: I understand that this access is for business purposes only. I am responsible for protecting my password from disclosure to anyone. I will not allow anyone else to use my user ID and password to access FAMIS or related systems.

IMMEDIATE SUPERVISOR OR DEPARTMENT HEAD STATEMENTS: I request and approve access to FAMIS to enable the user to perform the duties related to the user's position. I am responsible for notifying the FAMIS security officer when the user leaves my department or assumes duties inconsistent with this access.

User Signature and Date   **Immediate Supervisor or Department Head Signature and Date**

STATEMENT OF RESPONSIBILITY

I understand that I will be violating A&M System regulations and State and Federal laws' if I gain or help others gain unauthorized access to the Financial Accounting Management Information System (FAMIS). I acknowledge that neither I, nor anyone else, possess the authority to allow anyone to use my user ID or password. Furthermore, I understand that information I have access to view may be confidential in nature (e.g., social security numbers and payroll information); neither I, nor anyone else, possess the authority to allow me to use this information for non-System purposes.

I also understand that if I violate A&M System regulations or State or Federal laws by gaining or helping others to gain unauthorized access to FAMIS, I will be subject to disciplinary action and criminal prosecution to the full extent of the law (Chapter 33, Title 7 of the Texas Penal Code).

By logging on to this computer system, I acknowledge my responsibility for strictly adhering to A&M System regulations and State and Federal laws. I am also aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from FAMIS.

I agree further not to attempt to circumvent the computer security system by using or attempting to use any transactions, software, files or resources I am not authorized to use.

Department/Subdepartment Name	**User Name**
Immediate Supervisor or Department Head Name	**User Title**
Today's Date	**Witness Name**
Signature of User	**Signature of Witness**

FAMIS Access Request Instructions

USER INFORMATION

- UIN: Provide the user's Universal Identification Number (UIN).
- Name: Enter the user's name as it appears in personnel records (Form I-9).
- Preferred Name: Enter the name customarily used if different so that an alias can appear in FAMIS. For example, the user may normally use a nickname, middle name, or diminutive.
- TFS E-mail: Enter the user's official e-mail address.
- Department / Subdepartment Name: Enter the name of user's primary department or subdepartment. *NOTE*: FRP and FRD are divisions, not departments.

FAMIS ACCESS

- Each user has access to one or more modules in FAMIS. Most users have access to FRS and/or FFX. FFX users with an APO/AAPO profile will receive update ability for the inventory associated with the department/subdepartment listed in User Information.
- Same Access As: Enter the name of another user with the access desired for this user.
- Profile: The security officer will enter the profile code for the desired access.

ADDITIONAL NOTES

- If an APO/AAPO needs update ability for more than one FFX inventory, list the additional inventories here.
- For an Approver, list the department/subdepartment codes for which the user will be a primary or secondary approver.
- If special access is needed, describe here or contact the FAMIS security officer.

SIGNATURES

- The user and immediate supervisor or department head must sign and date this form before sending it to the security officer.

STATEMENT OF RESPONSIBILITY

- Print the department/subdepartment name, immediate supervisor name, user name, and user title.
- The user must date and sign in the presence of a witness.
- Print the witness name; the witness must sign.

SUBMITTING THE REQUEST

- Send the completed FAMIS Access Request and Statement of Responsibility (first two pages of this document) to the security officer. Original, faxed, or scanned documents are acceptable.